

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01957

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne's
 City or town Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anderson Bagley
 4. Sex Male 5. Color or race Cal. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) unknown 1883
 6.(c) If alive, give age _____ years

8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Farm work

11. Industry or business

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown

16. Informant Samuel Potts
 Address Rural Millington Md.

17. Burial Date thereof Feb. 10 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Gray Chapel Cem.

Location Rural Millington Md.

18. Funeral director Edmond Kellour

Address Millington Md.

19. Feb. 8 19 48 Edmond Kellour
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 19 48 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 19 48 to Feb. 6 19 48

and that I last saw him alive on Feb 4 19 48

Immediate cause of death stroke R side
with recurrence on L side

DURATION

Due to Arteriosclerosis
hypertension
 Due to arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE W. H. Hamilton M. D. or other

Address Millington Md. Date signed Feb 8 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

01958

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne'sCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 62

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Bohland

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Bohland

7. Birth date of deceased (mo., day, yr.)

September 7 - 1858

6. (c) If alive, give age _____ years

8. AGE:

89522

If less than one day

hrs.

min.

9. Birthplace

Alesia, Carroll Co., Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John List

MOTHER FATHER

12. Name

Germany

13. Birthplace

Margaret Brown

14. Maiden name

Germany

15. Birthplace

16. Informant

Miss Genevieve Bohland

Address

717 E 21st St Baltimore Md

17. (Burial, cremation, or removal) Which?

Burial

Date thereof

March 3-1948

Cemetery or crematory

St John R.C. Cemetery

Location

New Freedom Pa

18. Funeral director

Barton Bros

Address

Centerville Maryland19. March 1 - 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 49 1948 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

face 1946 to Feb. 29 1948
and that I last saw him alive on Feb. 29 1948

Immediate cause of death

Heart

Due to

Arterio-sclerosis

Due to

Emile

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. M. Sturges

M. D. or other

Address

Date signed

3/1/48

RECEIVED

MAR 9 1948

BUREAU V. S.

Please let us
know if finally
classified 13th.
R. E. Cole

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County... Queen Anne's
 City or town... Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? 5

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne's
 City or town... Church Hill Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Johnstown
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Margie Butler

3. (b) Social Security Number

4. Sex female 5. Color or race col. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife William Butler
 6. (c) If alive, give age 4 years
 7. Birth date of deceased (mo., day, yr.) August 3 1902
 8. AGE: Years 45 Months 6 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Church Hill, Md.
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Racole, Centerville
 12. Name T. Sparks
 13. Birthplace Md.
 14. Maiden name Laura Rayner
 15. Birthplace Md.

16. Informant her sister Mrs. Mabel Dodd
 Address Church Hill, Md.
 17. Burial Date thereof Feb. 22, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Centerville
 Location Centerville, Ind.

18. Funeral director Edgar L. Lane
 Address Church Hill, Ind.
 19. 2-18 48 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1948, at 4:30 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1948 to Feb 18 1948
 and that I last saw her alive on 2-17 1948
 Immediate cause of death chron. pulm. hypertension
decompensation
 Due to Arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Albert G. Burgard M. D. or other _____
Rock Hall, Md. Date signed 2/18/48
 Address _____

RECEIVED

MAR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83d

01960

252

1. PLACE OF DEATH:

County Duane AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Duane AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

George Doris Harvitt

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

November 10 - 1872

8. AGE:

Years

Months

Days

If less than one day

7534

hrs.

min.

9. Birthplace

Centerville, Lab. Maryland
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER
MOTHER

12. Name

Francis W. Harvitt

13. Birthplace

Centerville Maryland

14. Maiden name

Elizabeth Benedict Davis

15. Birthplace

Stuyvesant Delaware

16. Informant

Mrs. Bessie Harvitt

Address

Centerville Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 17 - 48
(month) (day) (year)

Cemetery or crematory

Centerville

Location

Centerville Maryland

18. Funeral director

Doyle Bros

Address

Centerville Maryland

19.

Feb. 16 - 19 48
(Date rec'd by registrar)Elie Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7 - 1419 48at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 - 918. 48

to

7 - 1419. 48

and that I last saw him alive on

2 - 1419. 48

Immediate cause of death

Hypostatic Pneumonia

DURATION

2 days

Due to

Arteriosclerotic heart disease

Due to

4 yr + 3 mo

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. S. Mathews
Address Centerville Md Date signed 2/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

01961

1. PLACE OF DEATH:

County Queen Anne's
 City or town Narrows Rural Community
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Don't know
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Sanders

3. (b) Social Security Number

217-07-2237

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Don't know

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Don't know

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

Don't 70

hrs. min.

9. Birthplace

unk.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

system shucker

MOTHER

12. Name

Don't know

13. Birthplace

IL

14. Maiden name

IL

15. Birthplace

IL

16. Informant

Maryland State Police

Address

Centerville Md

17.

(Burial, cremation, or removal, Why?)

Date thereof

July 9, 48
(month) (day) (year)

Cemetery or crematory

Christyfield

Location

Centerville Maryland

18. Funeral director

Watson Tison

Address

Centerville Maryland

19.

(Date rec'd by registrar)

19

2-9-48
Bliss Armistead
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 - 1948 at 6.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to 19 _____

and that I last saw him alive on 19 _____

Immediate cause of death

Pulmonary Hemorrhage

DURATION

Due to

Due to

He was found dead in his sleep

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

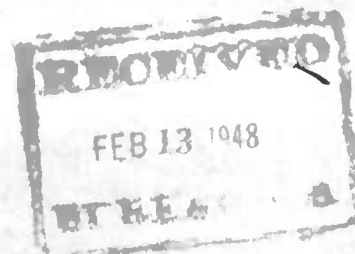
W. Hepp Fisher

Address

Centerville

Date signed

2/7-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

019254

1. PLACE OF DEATH:

County Queen Anne'sCity or town Queenstown
(if outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Chester
(if outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Julia Stella Wyatt

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Thomas Wyatt

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July-12-1864

8. AGE:

Years 84Months 0Days 9

If less than one day

hrs. _____

min. _____

9. Birthplace

Chesapeake City, Maryland
(town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

?

MOTHER FATHER

12. Name

Don't know

13. Birthplace

Mary Wiggins

14. Maiden name

Don't know

15. Birthplace

Esper Wyatt

16. Informant

Address

Chester Maryland

17.

Burial
(Burial, cremation, or removal, which?)Date thereof July 24-48
(month) (day) (year)

Cemetery or crematory

Staten Island

Location

Staten Island, Maryland

18. Funeral director

Address

Easton BnCenterville Maryland

19.

July 24, 1948
(Date rec'd by registrar)John M. Adkins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13 1948 to July 21 1948
and that I last saw her alive on July 21 1948

Immediate cause of death

Dilatation of heart

DURATION

Two

Due to

arteriosclerosis6 yrs

Due to

hypertension3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

W. Choate Taylor
M.D. or other _____
Address Staten Island Date signed 2/23/48

RECEIVED

FEB 26 1948

BUREAU V. S.